

PUBLIC GOODS POOL
MONTHLY REPORT
CERTIFICATION FORM

for the Month of _____ , _____

PAYOR NAME _____	ADDRESS _____
FED. TAX ID# _____	
TPA NAME _____	TPA FED.TAX ID# _____
COMPLETED BY _____	TELEPHONE _____
TITLE _____	

IMPORTANT NOTE: If an entity is 1) an insurer, 2) self-insured for its employees, and 3) serves as a TPA for other payors, the entity must submit a SEPARATE report, which includes a Certification form, Report of Patient Services Payments and Surcharge Obligations, Report of Covered Lives Assessments, and Payment Summary for EACH OF THESE ROLES. The monthly reports submitted for each of these roles must contain SEPARATE CERTIFICATIONS -- the reporting submissions may NOT be combined under one certification.

TYPE OF SUBMISSION:

Check the appropriate box below:

☐ **SELF-INSURED FUND ONLY**

This Certification and reporting submission applies to the above mentioned payor on its own behalf as a self-insured fund for its employees.

☐ **OTHER THIRD-PARTY PAYORS**

This Certification and reporting submission applies to the above mentioned payor on its own behalf as an insurer.

☐ **TPA: Separate Reports for Represented Organizations (Attachment 1 enclosed)**

This Certification and reporting submission applies to a third-party administrator (TPA) and its represented organizations (e.g., self-insured funds and other payors), and a separate report is attached for each organization. Attachment 1 must be completed.

☐ **TPA: Represented Organizations with No Public Goods Pool Liability or Independent Reporting Submission (Attachment 2 enclosed)**

This Certification and reporting submission applies to a TPA and its represented organizations; and all represented organizations have no Public Goods Pool liability for the reporting month or are submitting the forms separately on their own behalf. Attachment 2 must be completed.

- ☐ **TPA: Represented Organizations with Separate Reports (Attachment 1 enclosed) and Represented Organizations with No Public Goods Pool Liability or Independent Reporting Submission (Attachment 2 enclosed)**

This Certification and reporting submission applies to a TPA and its represented organizations; and some represented organizations have a Public Goods Pool liability for the reporting month (Attachment 1 must be completed and a separate report must be submitted for each entity) and more than one represented organization has no Public Goods Pool liability for the reporting month or is submitting the reporting forms separately on its own behalf (Attachment 2 must be completed).

Also check the appropriate box below (if applicable):

- ☐ **Parent Company (Attachment 1 enclosed)** - This Certification and reporting submission applies to a parent company with a number of subsidiaries, and a consolidated report is attached. Attachment 1 must be completed.

REPORTING REQUIREMENTS:

This certification and reporting submission pertains to the following:

Check all that apply:

- ☐ Report of Patient Services Payments and Surcharge Obligations
- ☐ Report of Covered Lives Assessment

CERTIFICATION

I, _____, CERTIFY THAT I AM THE _____ OF THE _____, AND FURTHER CERTIFY THAT THE DATA BEING PROVIDED HAS BEEN CAREFULLY PREPARED IN ACCORDANCE WITH INSTRUCTIONS CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO THE PROPER SEGREGATION OF INFORMATION BY SERVICE YEAR, AND MAY TO SOME EXTENT BE BASED UPON INFORMATION SUBMITTED AND ATTESTED TO BY THE ORGANIZATIONS FOR WHICH THE REPORT IS BEING SUBMITTED. TO THE BEST OF MY KNOWLEDGE, SUCH INFORMATION ACCURATELY REFLECTS EITHER SUCH SUBMITTED INFORMATION, OR IS ACCURATE AND CORRECT BASED ON THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION.

SIGNATURE: _____ **DATE:** _____

PRINT/TYPE NAME: _____

TELEPHONE NUMBER: _____

ATTACHMENT 1 - CERTIFICATION (Con't)

PUBLIC GOODS POOL - MONTHLY REPORT

TPA/Parent Company Reporting Forms - Identification of Represented Organization/Subsidiary Reporting Forms

FOR THE MONTH OF _____ , _____

TPA or Parent Co. Name: _____ Federal Tax ID#: _____

Contact: _____ Telephone #: _____

- Check the appropriate box:**
- ☐ Parent Company - filing consolidated report on behalf of subsidiaries listed below, **regardless of whether a liability exists.**
 - ☐ TPA/ASO - submitting on behalf of represented electing entities **with a liability.**
 - ☐ TPA/ASO - submitting on behalf of parent company **that has a liability.**

If the entity is a parent company or a third-party administrator, separately identify the subsidiaries or other represented organizations, as appropriate, for whom the Certification form and reporting submission is being submitted. List those entities you represent and their respective federal tax identification number. For TPA's only, for each entity listed, check the report type(s) submitted by service year and payment method. Note that you must check at least one of the report type boxes (Patient Service Payment or Covered Lives) for the previous and current service years.

Organization Name	Federal Tax ID#	Patient Service Payment Report					Covered Lives Report					Separate Check	Combined Check				
		1	1	1	2	2	2	2	2	1	1	1	2	2	2	2	2
		9	9	9	0	0	0	0	0	9	9	9	0	0	0	0	0
		7	8	9	0	1	2	3	4	7	8	9	0	1	2	3	4

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FOR THE MONTH OF _____, _____,

Separately identify the represented organizations that have no activity to report for the reporting month for all HCRA service periods (i.e., commencing with the 1997 service period through the current service period) and/or those entities that are submitting the Certification and reporting forms on their own behalf. List each entity's name and their federal tax identification number. For each entity listed, enter an "X" in the appropriate box under each of the categories provided below (i.e., Patient Service Payments and Covered Lives).

[illegible]